

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044686

STATE FILE NUMBER

Registration District No. 200

Primary Registration District No. 5729

Registrar's No. 176

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 11 1963

1. PLACE OF DEATH

a. COUNTY

Macon

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Round Grove Twns

Length of stay in 1b
Minutes

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Rt. Z. Macon

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Shelby

c. CITY
OR TOWN

Shelbyville

Inside Limits
Yes ☐ No ☒

d. STREET
ADDRESS

(If outside, give location)
R.R.

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Jacob Harrison Dean

4. DATE
OF DEATH

Month

Day

Year

Dec. 2. 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Sept. 24, 1888

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Macon County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

W.S. Dean

13b. MOTHER'S MAIDEN NAME

Sarah S. Winkler

14. NAME OF HUSBAND OR WIFE

Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

No.

17. INFORMANT

4 Winifred Dean

Address

Macon, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

GENERALIZED PERITONITIS

INTERVAL BETWEEN
ONSET AND DEATH

3 DAYS

DUE TO (b)

STRANGULATED UMBILICAL HERNIA

3 DAYS

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

EXPOSURE TO ELEMENTS -

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 27 Nov 1963 to 3 Dec 1963 and last saw her alive on 27 Nov 1963
Death occurred at 11:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ad W. Wright, MD

22b. ADDRESS

Leonard Mo -

22c. DATE SIGNED

12/3/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

Dec. 4, 1963

23c. NAME OF CEMETERY OR CREMATORY

Mt. Salem Cem. Macon, Mo.

23d. LOCATION (City, town, or county)

24. FUNERAL DIRECTOR

ADDRESS

Lester Hutton Macon, Mo.

25. DATE RECD. BY LOCAL REG.

12/7/63

26. REGISTRAR'S SIGNATURE

Keith M. Neely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300
Rev. 4/59
1 0617
2 1020
3
4 0
5 2
6
7 0
8 0
9 5612
10
11
12 90-2
13 10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Marion, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.